

treatment/monitoring are discharged so they may not be included in our study. Also, some children may have been diagnosed and managed by independent clinicians or local mental health services although that number is negligible in our experience.

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PARENTAL PERCEPTION ON AUTISM SPECTRUM DISORDER (ASD) POST-DIAGNOSTIC SUPPORT

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Objectives Autism Spectrum Disorder (ASD) is considered to be equally lifelong and serious as children present persistent deficits in social communication skills and social interaction as well as restricted/repetitive patterns of behaviour or interests across multiple contexts. Although remarkable progresses have been made in the treatment of ASD particularly with regards to parent training and psychological interventions, an ASD diagnosis will have an impact on family dynamics and well-being, therefore parental support around this time is crucial for better acceptance and adaptation. This paper is a review of evidence based on perceived parental support (social or professional) around the time of diagnosis. Existing perceptions on the quality of parental support received and suggestions for future clinical research are discussed.

Methods PsycInfo, PsycArticles, PsycBooks and EBSCO databases were used to search relevant literature published in English and available in full-text. The keywords perceived parent support ('social' OR 'professional') AND autism ('ASD' OR 'autism spectrum disorder' OR 'autistic') AND diagnosis ('post-diagnostic' OR 'post-diagnosis') were used in the search process. The inclusion criteria were findings regarding parents perceived social or professional support during the time their child's ASD diagnosis.

Results The findings obtained from articles containing data on perceived parental support (social or professional) around ASD diagnosis reveal that parents' experiences vary, but all of them indicate needing some sort of support across the course of the process. Parents of children with ASD report wanting support for themselves and not only for their child. Results suggest that research on the needs of families indicate that the greatest needs are during the period around diagnosis, and that the most common needs are for emotional support especially from professionals, information mostly about educational and social services, informal and formal social networks for parents to discuss issues and doubts with other parents and also parent support groups (PSGs). Overall, taking parents views into account when making recommendations for improvement on support offered is vital.

Conclusion Findings regarding parents' perception and needs should be considered by professionals directly involved in diagnosing ASD as there are clinical implications which emphasize the need for contemplating parents' needs when

providing post-diagnostic support. Future clinical research should focus on giving parents a voice and understanding their real needs in order to implement it in post-diagnostic support.

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AN INNOVATIVE AND INTERACTIVE TEACHING AID TO EDUCATE, ENGAGE AND EMPOWER PARENTS, CHILDREN, AND YOUNG PEOPLE WITH COMPLEX ADHD

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Objectives In our clinical practice, we see children and young people with increasingly complex ADHD and comorbidity, including neurodevelopmental disorder and mental health disorders. Associated comorbidity is a frequent occurrence in individuals with ADHD. It is important for clinicians to have a sound knowledge for a thorough assessment and holistic management of ADHD. In addition, clinicians should offer psychoeducation to parents/carers, children and young people with ADHD and complex comorbidity to promote awareness. Therefore, an effective psychoeducational tool is required to facilitate dialogue and interaction between clinicians and patients.

We aim to develop a comprehensive teaching aid for clinicians, patients and parents/carers.

Methods We developed a comprehensive, systematic, and structured 'ADHD Teaching Aid', as an interactive PDF for online adjunctive therapeutic use. It is authored by Consultant Paediatricians and a Consultant Neuropsychiatrist with expertise and experience in the field of ADHD. It had been peer reviewed by professionals and piloted with patients and parents who provided very positive feedback. An online survey is underway to capture structured feedback and results will be shared.

Results This innovative ADHD Teaching Aid has a specific layout, displaying the patient-facing pages with simple text, colourful illustrations, and video links, as well as the clinician-facing pages with evidenced-based information and guidance. Some of the contents include:

- What is ADHD?
- Prevalence and gender differences
- How is ADHD diagnosed?
- Multiple comorbid conditions with recognition, assessment, and management. These include Oppositional Defiant Disorder, Conduct Disorder, Autism Spectrum Disorder, Developmental Coordination Disorder, Sleep difficulties/sleep disorders, Sensory processing difficulties/differences, Tics/Tourette syndrome, Intellectual Disability, Specific Learning Disorders, Anxiety and depression, Epilepsy and Obesity.
- ADHD presentation and complexity in girls
- ADHD in teenagers – psychosocial interview, comorbid substance misuse, specific issues, including driving, relationships, teenage pregnancy, career and transition
- Nonpharmacological interventions and support
- ADHD medications, indications, principles of use, types, benefits, and adverse effects
- Individual's strengths, setting goals and clinic reviews